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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000013417 (9)**
1. Corporation Name
HOLE'N ONE MINIATURE GOLF COURSE, INC.

Principal Place of Business: **1437 W. ORANGE BLOSSOM TRAIL APOPKA FL 32712**
Mailing Address: **1437 W. ORANGE BLOSSOM TRAIL APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE.
3. Date incorporated or Qualified: **02/12/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **1425 W. Orange Blossom Tr.**
2a. Mailing Address: **1425 W. Orange Blossom Tr.**
21 Suite, Apt. #, etc.
22 City & State: **Apopka, FL**
23 Zip: **32712** Country: **USA**

4. FEI Number: **59-3175973**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

8. Name and Address of Current Registered Agent
**PALMERE, GEORGE
1437 WEST ORANGE BLOSSOM TRAIL
APOPKA FL 32712**

10. Name and Address of New Registered Agent
81 Name: **Kathy Palmer**
82 Street Address (P.O. Box Number is Not Acceptable): **1425 W. Orange Blossom Tr.**
84 City: **SAME** FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.
SIGNATURE: *Kathy Palmer* DATE: **4/19/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PALMERE, GEORGE
STREET ADDRESS	1437 W. ORANGE BLOSSOM TRAIL
CITY - ST - ZIP	APOPKA FL
TITLE	VS
NAME	PALMERE, GEORGE
STREET ADDRESS	1437 W. ORANGE BLOSSOM TRAIL
CITY - ST - ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathy Palmer	
1.3 STREET ADDRESS	1425 W. Orange Blossom Tr.	
1.4 CITY - ST - ZIP	Apopka, FL 32712	
2.1 TITLE	SAME -> (George Palmer)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1425 W. Orange Blossom Tr.	
2.3 STREET ADDRESS	Apopka, FL 32712	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *Kathy Palmer* DATE: **4/19/95** (Typed Name) **407-880-1464**